

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | MG | | 9/30/00 |
| O.I.P.E. CLASSIFIER | | | 9/10 |
| FORMALITY REVIEW | ST | 708 | 1-16-07 |
| RESPONSE FORMALITY REVIEW | MA | 830 | 03-08-02 |
| | TC | 1162 | 7/6/02 |

INDEX OF CLAIMS

☒ Rejected N
☐ Allowed I
☐ (Through numeral) Canceled A
☐ Restricted O

☐ Non-elected
☐ Interference
☐ Appeal
☐ Objected

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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7/8 9/6
 505
 3/8/02